

PLAINTIFF EDWARD T. KENNEDY	COURT CASE NUMBER 5:18-CV-00214-JLS
DEFENDANT EQUIFAX, INC., ET AL.,	TYPE OF PROCESS Service of Process

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT { BARBARA LOPEZ, **AMERICAN BANKERS INSURANCE COMPANY OF AMERICA
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
111222 QUAIL ROOST DRIVE, MIAMI, FL 33157

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 3 *
EDWARD T. KENNEDY 401 TILLAGE ROAD BREINIGSVILLE, PA 18031	Number of parties to be served in this case 8
	Check for service on U.S.A.

FILED

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

AUG - 2 2018

Fold

* Summons, Complaint, and Plaintiff's First Amended Complaint
** IN HER OFFICIAL AND INDIVIDUAL CAPACITYIES
Lopez is adjuster for the Defendant,
AMERICAN BANKERS INSURANCE COMPANY OF AMERICA

KATE BARKMAN, Clerk
By _____ Den Clerk

Fold

Signature of Attorney other Originator requesting service on behalf of <i>E T. [Signature]</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415 275 1244	DATE June 5, 2018
---	---	----------------------------------	----------------------

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No 66	District to Serve No 004	Signature of Authorized USMS Deputy or Clerk <i>M. Shulsky</i>	Date 6/21/18
--	--------------------	-----------------------------	-----------------------------	---	-----------------

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 7-11-18 Time 1:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Signature of U.S. Marshal or Deputy <i>[Signature]</i>	

Service Fee	Total Mileage Charges including endeavors 8.00	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
-------------	---	----------------	---------------	------------------	---

REMARKS 7-11-18 - legal dept. had no info on a Barbara Lopez
did not know who she was

PRINT 5 COPIES: 1 CLERK OF THE COURT

2 USMS RECORD

3 NOTICE OF SERVICE

4 BILLING STATEMENT* To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal

5 ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED